

WATER COMMISSION COST-SHARE APPLICATION CHECKLIST

(This checklist must be attached to all applications for Water Commission cost-share assistance.)

Project sponsors requesting cost-share assistance from the North Dakota Water Commission are required to submit completed applications, including all supplemental materials, at least 45 days in advance of meetings. Incomplete applications or those submitted after the 45 day deadline will not appear on the next meeting agenda. Project sponsors, or their authorized representative, must verify that the following information is included as part of their application package for cost-share assistance.

Sponsoring Entity:

Initial If Applicable, or NA If Not	Required SWC Cost-Share Application Materials					
	Cost-Share Application Form (SFN 60439)					
	Project Specific Map (Including an inset map of location within state.) <u>See Examples</u>					
	<u>Detailed Project Costs SFN 61801</u> (complete fillable worksheet)					
	Approved Drainage Permit (Rural Flood Control Only)					
	Results Of Positive Assessment Vote (Rural Flood Control Only)*					
	Sediment Analysis (Drain Reconstructions Only)					
	Acquisition Plan (Flood Recovery Property Acquisition Program Only)					
	Proof of HMGP Funding Ineligibility (Flood Recovery Property Acquisition Program Only)					
	Economic Analysis Worksheet (Flood Control & Water Conveyance Projects Only)					
	Life Cycle Cost Analysis Worksheet (Water Supply Projects Only)					
Capital Improvement Plan (Water Supply Projects Only)						
* A pre-application p	process is allowed for assess	sment projects. (See Pro	ject Funding Policy, Procedure, and Ge	eneral Requirements)		
all required materials h	ave been provided winpleted application, a	ith this application. nd further understa	on for cost-share assistance is tr I have read and understand the and that the submission of an ir ost-share assistance.	e Water Commission's		
Project Sponsor (Pri	nted Name)	Project Sponsor	(Signature)	Date		

PLEASE NOTE

Project Name:

The cost-share application (SFN 60439); Life Cycle Cost Analysis Worksheet; Economic Analysis Worksheet; Project Funding Policy, Procedure, and General Requirements; and future meeting dates are available via the Water Commission website at swc.nd.gov. If you have questions, please call 701-328-4989 or email swccostshare@nd.gov.

This form is to be filled out by the project or program sponsor with Water Commission staff assistance as needed. Applications for costshare are accepted at any time. However, applications received less than 45 days before a Water Commission meeting will be held for consideration at the next scheduled meeting.

Please answer the following questions as completely as possible. Supporting documents such as maps, detailed cost estimates, and engineering reports should be attached to this form. If additional space is required, please use extra sheets as necessary.

For information regarding cost-share program eligibility see the *Water Commission Cost-Share Policy, Procedure, and General Requirements* – available upon request or at www.swc.nd.gov.

Sponsor(s)			
County	City	-	Township/Range/Section
Description Of Request New	v Updated (previously submit	red)	
Jurisdictions/Stakeholders Involve	d In This Project		
Specific Needs Addressed By The	Project, Program, Or Study And Level	Of Study Review Complet	ted
	ter Supply	lplain Mgmt.	ility
If Project/Program			
If Project/Program Bank Stabilization	☐ Irrigation	Recreation	☐ Snagging & Clearing
If Project/Program Bank Stabilization Dam Safety/EAP	☐ Irrigation ☐ Multi-Purpose	☐ Recreation ☐ Ring Dike Program	☐ Snagging & Clearing ☐ Water Retention
If Project/Program Bank Stabilization Dam Safety/EAP FEMA Levee Program	☐ Irrigation ☐ Multi-Purpose ☐ Municipal Water Supply	Recreation Ring Dike Program Rural Flood Control	☐ Snagging & Clearing ☐ Water Retention
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If Project/Program Bank Stabilization Dam Safety/EAP FEMA Levee Program Flood Protection Program	☐ Irrigation ☐ Multi-Purpose ☐ Municipal Water Supply	☐ Recreation ☐ Ring Dike Program ☐ Rural Flood Control ☐ Rural Water Supply	☐ Snagging & Clearing ☐ Water Retention
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What Are The Potential Obstacles To Implementation (i.e., problems with land acquisition, permits, funding, local opposition, environmental concerns, etc.)?							
Funding Timeline (constull)	, consider when CMC cost	النب معمام	be seeded)	,			
Funding Timeline (carefully	I		2019-2021	202	 21-2023		
Source	Total Cost		/1/19-6/30/21		1-6/30/23	Beyond 7/1/23	
Federal	\$	\$		\$		\$	
Water Commission	\$	\$		\$		\$	
Other State	\$	\$		\$		\$	
Local	\$	\$		\$		\$	
Total	\$	\$		\$		\$	
Funding Detail (provide nar				1	-	Interest	
Source	Amount \$	- G	Grant Or Loan		Term	Interest	%
	\$	+				<u> </u>	%
	\$						%
	\$	+					%
Explain Timelines For All F	I	<u> I </u>	dy, Design, Bio	I, Construction, C	ompletion, Etc.)	ı	
·		`	,, <u> </u>		,		
Has Economic Analysis Be	een Completed?	Yes	☐ No	Ongoing	Not Applic	able	
Has Life Cycle Cost Analysis Been Completed? Yes No Ongoing Not Applicable							
Has Feasibility Study Been Completed? Yes No Ongoing Not Applicable							
Has Engineering Design Been Completed?							
Have Land Or Easements Been Acquired? Yes No Ongoing Not Applicable							
Have Assessment Districts	Been Formed? Yes	□ N	o 🗌 On	going No	ot Applicable	If Yes, (Date)?	
Has Sediment Analysis Fo	r Reconstruction Of An Exi	sting Drair	n Been Comple	eted? Ye	s No	Not Applicable	
Are Connections For New	Rural Customers Located \	Within The	Extra-Territori	al Jurisdiction Of	A Municipality?	☐ Yes ☐ No	

Have You Applied For Any State Permits?	Yes No		☐ Not	Applicable	Type/Number	
Have You Been Approved For Any State Permits?	Yes	Yes No		Applicable	Type/Number	
If Yes, Please Explain						
Have You Applied For Any Local Permits?	Yes	☐ No	☐ Not	Applicable	Type/Numbe	r
Have You Been Approved For Any Local Permits?		☐ No			Type/Numbe	r
If Yes, Please Explain					<u> </u>	
Submitted By						Date
Address	City		State			ZIP Code
Sponsor's Telephone Number	S	Sponsor's Email Address				
Engineer's Name			Engineer's Telephone Number			
Engineer's Company			Engineer's Email Address			
I Certify That, To The Best Of My Knowledge, The F	Provided Info	ormation	Is True And	Accurate.		
Signature					Date	

E-MAIL TO:

swccostshare@nd.gov

MAIL TO:

ND Water Commission • ATTN: Cost-Share Program 900 E Boulevard Ave. • Bismarck, ND 58505-0850